Entered - 5-1-01- sb CL 01L0276 ALEXIS HOLMES

CLAIM OF: GEIGO DIRECT

GOVERNMENT EMPLOYEES

INSURANCE COMPANY

As Subrogee of Keith Schumacher One GEICO Center

Macon, Georgia 31296-0001

For damages alleged to have been sustained as a result of a vehicular accident on December 8, 2000 at 23 Clair Drive.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment GEICO DIRECT GOVERNMENT **EMPLOYEES INSURANCE COMPANY** As Subrogee of KEITH SCHMACHER the sum of \$1,092.14 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on December 8, 2000 at 23 Clair Drive as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

RV∙

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0276	Date: <u>6/15/01</u>		
Claimant /Victim KEITH SHUMACHER			
BY: (Atty)(Ins.) GEICO DIRECT Government Employe	ees Insurance Company		
Address: One GEICO Center, Macon Georgia 3	1296-0001		
Subrogation: X Claim for Property damage \$ 1,092. Date of Notice: 4/30/01 Method: Written, proper X Conforms to Notice: O.C.G.A. §36-33-5 X	.14 Bodily Injury \$		
Date of Notice: 4/30/01 Method: Written, proper X	Improper		
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.) X		
Date of Occurrence 12/8/00 Place: 23	3 Clair Drive		
Department Administrative Services	Division: Motor Transport		
Date of Occurrence 12/8/00 Place: 23 Department Administrative Services Employee involved Colere McCray D	isciplinary Action: Oral Reprimand		
NATURE OF CLAIM: The claimant sustained vehicular of causing damage to his rear bumper.	damage when a City vehicle backed into his vehicle		
INVESTIGATION:			
Statements: City employee X Claimant	Other Written X Oral X		
Pictures X Diagrams X Reports: Police	X Dept Report X Other		
Pictures X Diagrams X Reports: Police Traffic citations issued: City Driver None	Claimant Driver None		
Citation disposition: City Driver None C	laimant Driver None		
BASIS OF RECOMMENDATION: Function: Governmental X M	(inisterial		
Function: Governmental X M Improper Notice More than Six Months City not involved Offer rejected	Other Damages reasonable X		
City not involved Offer rejected	Compromise settlement		
Repair/replacement by Ins. Co.	Repair/replacement by City Forces		
Repair/replacement by Ins. Co For Claimant Negligent City Negligent X	Joint Claim Abandoned		
Respecti	Fully submitted, CIGATOR - ALEXIS HOLMES		
Pay \$ 1,092.14 Adverse Account char	rged: 1A01 X 2J01 2H01 Concur/date 06-/5-01		
Claims Manager: // // // // // // // Claims Manager: // // // // // // // // // // // // //	Concur/date		
Committee Action:	Council Action		
FORM 23-61			

GEICO
DIRECT

[] Government Employees Insurance Company

[] GEICO General Insurance Company

[] GEICO Indemnity Company

[] GEICO Casualty Company

RECEIVED APR 2 5 2001

1-800-841-3000

[] Criterion Insurance Agency, Inc. (Colonial County Mutual Ins.)

ONE GEICO CENTER MACON, GA 31296-0001

April 13, 2001

Holmus 04/30/07

City Of Atlanta Transportation

Attn: Clem Brown 23 Claire Drive Atlanta, GA. 30315 ENTERED - 5-1-01 - SB 01L0276 - ALEXIS HOLMES

CLAIM # 0047492320101094 INSURED: Keith Schumacher

YOUR CLAIM NUMBER:

YOUR INSURED: Colre McCrary

GEICO AMOUNT:

\$592.14

PLUS INSURED'S DEDUCTIBLE:

\$500.00

RENTAL:

\$ 00.00

TOTAL AMOUNT OWED:

\$1,092.14

Dear Clem Brown:

We request that you please review this claim, approve it and forward prompt payment to us. The pertinent file material is enclosed. Please indicate our claim number on your check and make that check payable to GOVERNMENT EMPLOYEES INSURANCE COMPANY as subrogee of Keith Schumacher.

This letter will serve as notice of our payment recovery claim and constitutes a sincere effort to settle as required by conditions precedent to arbitration as stated by the Automobile and Property Subrogation Arbitration Agreement.

Very Truly Yours,

Felicia Branam
Felicia Branam for

Denny Perry S031

PAYMENT RECOVERY UNIT 800-841-9160 X1888 GOVERNMENT EMPLOYEES INSURANCE COMPANY

GENERAL RELEASE AND INDEMNITY

CLAIM NUMBER 01L0276		\$ <u>1,092.14</u>	
IN CONSIDERATION of the sum of	TEN HUNDRED	AND	
DOLLARS, to be paid to me	by the CITY OF A	TLANTA, the future receipt of	which is hereby
at an wledged. I do hereby, for myself, my	heirs, executors,	administrators, and assigns, rold	usi und tororer
discharge said City, its officers and employe	es, including but r	ot limited to Colre McCrarr	from any and all
property damage claims, demands, actions, o	causes of action, sui	is, damages, loss and expenses, of	whatsoever kind
or nature for or on account of anything that ha	s heretofore occurr	ed, and particularly for or on acco	unt of venicular
which occurred on or about the 8th	day of	December	, 2000
at or near 23 Clair Drive	day or	December	,
at of fied 25 Class Dive			
The fact of the second and agreed the	at the payment of the	ne above named sum is not to be	considered as an
admission on the part of the City, its officers	s, agents, servants (or employees, of any liability wh	atsouver and the
undersigned further covenants and agrees to	indemnify and hold	l hambess the City of Atlanta, its	Afficare agante
servants and employees, from any and all cl	laims, damages or	costs which the said City of Atla	anta, its officers,
agents, servants and employees, may be called	ed upon to make as	a result of the event hereing this	e who sied M
And I now state that the only consider	ention for my clanic	ng this valeage and indemnification	n ic the navment
of the sum stated above; that no other promis	e or agreement of 2	iny kind or nature has been made	to or with me by
said City or its agents to cause me to sign th	is release, and that	I fully understand the meaning a	and intent of this
instrument.	·		
	72th		01
WITNESS my hand and seal this	2776	day of	20 ()
	00	\wedge	
	Tites	My OHA	(LS)
	GEICOD	IRECT as subrogee of KEITHS	
		()	
		Tomas	7000
The above release was read and expl	ained to and signe	d by the said 17th Cilly	OPEE
	- () () A	in our presence on the date above	e written.
		Ala)	
	(I VOU	TREATHER	
		WITNESSES	

01- R-1024